


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<b>For Official Use Only</b> 	<b>1. FILE NUMBER</b> 5 1 4 - 6 4 4	<b>2. PERIOD COVERED</b> MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	<b>3. (a) AMENDED</b> — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> <b>(b) TERMINAL</b> — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> <b>(c) SUBSIDIARY</b> — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	<b>8. MAILING ADDRESS</b> (Type or print in capital letters.) First Name: H e n r y Last Name: T a m a r i n P.O. Box • Building and Room Number (if any): S u i t e 4 2 0 Number and Street: 5 5 W e s t V a n B u r e n S t r e e t City: C h i c a g o State: I L ZIP Code + 4: 6 0 6 0 5 - <b>9. Are your organization's records kept at its mailing address?</b> (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>IMPORTANT</b> <b>Peel off the address label from the back of the package and place it here.</b> If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.			
<b>4. AFFILIATION OR ORGANIZATION NAME</b> Hotel Employees and Restaurant Employees, AFL-CIO			
<b>5. DESIGNATION</b> (Local, Lodge, etc.) Local		<b>6. DESIGNATION NUMBER</b> 1	
<b>7. UNIT NAME</b> (if any)			

<b>75. ADDITIONAL INFORMATION</b> (If more space is needed, attach additional pages properly identified.)	
<b>Item Number</b>	
8.	Hotel Employees and Restaurant Employees Union Local 1 was placed under Trusteeship by the International as of November 28, 1999. Henry Tamarin has been assigned Special Trustee.
13.	During 2000 the Local Union had depreciation expense of \$13,752 on furniture and equipment.
14.	An audit was conducted by the independent accounting firm of Bond Beebe, P.C.
19.	An election date cannot be determined, as the Local is currently under Trusteeship.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See Section VI on penalties in the instructions.)

<b>76. SIGNED:</b> <u>John W. Wilkerson</u> <u>03/31/01</u> <u>(202) 393-4373</u> Date Telephone Number	<b>PRESIDENT</b> (If other title, see instructions.)	<b>77. SIGNED:</b> <u>Tom T. Narver</u> <u>03/30/01</u> <u>(202) 393-4373</u> Date Telephone Number	<b>TREASURER</b> (If other title, see instructions.)
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Henry Tamarin, Special Trustee Date: 3/28/2001 Telephone: 312-663-4373

**During the Reporting Period Did Your Organization:**

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 3 4 1 9

19. What is the date of your organization's next regular election of officers? MO: 1 YEAR N A

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 17.80-30.35 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 25.00-100.00
(c) Transfer Fees	\$ .25
(d) Work Permits	\$ 24 per Month (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) ☐ ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 1 4 — 6 4 4

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
<b>ASSETS</b>	25. Cash .....			3 3 2 4 4	3 4 0 9 7 5
	26. Accounts Receivable .....			0	0
	27. Loans Receivable .....	1		0	0
	28. U.S. Treasury Securities .....			0	0
	29. Investments .....	2		1 0 0	1 0 0
	30. Fixed Assets .....	5		3 6 6 4 3	2 4 2 2 9
	31. Other Assets .....	3		0	0
	32. TOTAL ASSETS .....			6 9 9 8 7	3 6 5 3 0 4
<b>LIABILITIES</b>	33. Accounts Payable .....			0	0
	34. Loans Payable .....	8		1 0 3 7 8 0 0	9 4 7 8 0 0
	35. Mortgages Payable .....			0	0
	36. Other Liabilities .....	4		0	0
	37. TOTAL LIABILITIES .....			1 0 3 7 8 0 0	9 4 7 8 0 0
	38. NET ASSETS (Item 32 less Item 37) .....			- 9 6 7 8 1 3	- 5 8 2 4 9 6

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 1 4 - 6 4 4

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			4 4 5 3 6 1 1	56. To Officers .....	9		9 8
40. Per Capita Tax .....			0	57. To Employees .....	10		7 6 2 5 1 2
41. Fees .....			0	58. Per Capita Tax .....			2 0 6 5 2 9 7
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		2 0 6 2 4 5
44. Work Permits .....			0	61. Educational & Publicity Expense ...			1 0 6 6
45. Sale of Supplies .....			0	62. Professional Fees .....			2 4 7 7 8 1
46. Interest .....			9 1 1 1	63. Benefits .....	11		3 0 1 5 2 6
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		4 1 9 1
48. Rents .....			0	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes .....			7 9 8 7 3
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			2 5 7 2 2 2
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		1 3 3 8
52. On Behalf of Affiliates for Transmittal to Them .....			0	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		9 0 0 0 0
54. Other Receipts .....	14		1 2 0 7 6	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		1 4 9 9 1 8
55. TOTAL RECEIPTS .....			4 4 7 4 7 9 8	74. TOTAL DISBURSEMENTS .....			4 1 6 7 0 6 7

FILE NUMBER: 5 1 4 - 6 4 4

## SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	100
2. Total Book Value	100
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 0 0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 5 1 4 — 6 4 4

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 5 1 4 — 6 4 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land <i>(give location)</i> :	0			0
2. Totals from additional pages <i>(if any)</i>				
3. Buildings <i>(give location)</i> :	0	0		0
4. Totals from additional pages <i>(if any)</i>				
5. Automobiles and Other Vehicles	0	0		0
6. Office Furniture and Equipment	99,979	78,529	21,450	0
7. Other Fixed Assets	79,672	76,893	2,779	0
8. Totals of Lines 1 through 7	179,651	155,422	2 4 2 2 9	



Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**


Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages <i>(if any)</i>				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	








Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 1 4 - 6 4 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Printer	631	631	631
2. Fax machine	707	707	707
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1,338	1,338	1,338
		7. Less Reinvestments	
		8. Net Purchases	1 3 3 8
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. H.E.R.E International Union	1,037,800	0	90,000	0	947,800
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 0 3 7 8 0 0		9 0 0 0 0		9 4 7 8 0 0
Enter the Totals from Line 6 in .....  Item 34 .....  Item 50 .....  Item 70 .....  Item 75 .....  Item 34					
Column (C) with Explanation Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 1 4 — 6 4 4

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: T a m a r i n First Name: H e n r y Title: S p e c i a l T r u s t e e Status: C		0	0	0	0	
2. Last Name: D u p o n t First Name: J a m e s Title: A s s t . T r u s t e e Status: C		0	0	9 8	0	9 8
3. Last Name: First Name: Title: Status:						
4. Last Name: First Name: Title: Status:						
5. Last Name: First Name: Title: Status:						
6. Last Name: First Name: Title: Status:						
7. Last Name: First Name: Title: Status:						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8				98		98
10. Less Deductions						0
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements		9 8

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 1 4 — 6 4 4


(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<b>1.</b> Last Name: B r o n i a r k c z y k First Name: C l a r e n c Position: B u s i n e s s A g e n t Name of Affiliated Organization:	5 7 0 0 0	0	5 4 5 6	0	6 2 4 5 6
<b>2.</b> Last Name: C a s t i l l o First Name: A n g e l Position: B u s i n e s s A g e n t Name of Affiliated Organization:	1 0 5 0 0	0	2 1 5 3	0	1 2 6 5 3
<b>3.</b> Last Name: D a v e r n First Name: J a m e s Position: B u s i n e s s A g e n t Name of Affiliated Organization:	5 2 2 5 0	0	1 2 4 4 8	0	6 4 6 9 8
<b>4.</b> Last Name: D y s o n First Name: J a m e s Position: B u s i n e s s A g e n t Name of Affiliated Organization:	7 1 2 5 0	0	1 7 0 3 1	0	8 8 2 8 1
<b>5.</b> Last Name: G o m e z First Name: R o s a Position: C l e r i c a l Name of Affiliated Organization:	3 4 2 2 5	0	0	0	3 4 2 2 5
<b>6. Totals from additional pages (if any)</b>	657,014		73,724		730,738
<b>7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates</b>	23,929	0	2,754	0	26,683
<b>8. Totals of Lines 1 through 7</b>	906,168		113,566		1,019,734
Enter the Total from Line 10 in..... Item 57 ➡			<b>9. Less Deductions</b> 2 5 7 2 2 2		
			<b>10. Net Disbursements</b> 7 6 2 5 1 2		

# **SCHEDULE 11 — BENEFITS**


FILE NUMBER: 5 1 4 — 6 4 4

Description (A)	To Whom Paid (B)	Amount (C)
1. Death benefits	Beneficiary	500
2. Staff health insurance	Insurance carrier	112,836
3. H.E.R.E. International pension	Trust fund	188,190
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 0 1 5 2 6
Enter the Total from Line 6 .....  Item 63		

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Charity	1,825
2. Labor	720
3. Flowers & bibles	1,646
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 1 9 1
Enter the Total from Line 8 in .....  Item 64	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Office supplies and expense	65,714
2. Printing and stationary	26,961
3. Rent and utilities	71,036
4. Telephone	38,998
5. Computer maintenance	3,536
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 0 6 2 4 5
Enter the Total from Line 8 in .....  Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Reimbursement from International	1,250
2. Write off outstanding checks	4,468
3. Vending commissions	829
4. Employer reimbursement	4,263
5. Delivery refund	14
6. Office supply refund	402
7. Lease refund	743
8. Miscellaneous refunds	107
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 2 0 7 6
Enter the Total from Line 17 in ..... Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Merchandise	2,398
2. Meetings and organizing	430
3. Membership fees	2,248
4. Special events	1,857
5. Steward expense	30,814
6. Settlement payments	30,951
7. Bank service charges	6,298
8. Conference and conventions	8,140
9. Automobile- unallocated	8,949
10. Refunds of dues and fees	57,058
11. Employee training	620
12. Miscellaneous	155
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 4 9 9 1 8
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:  
Hotel Employees and Restaurant Employees, AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2000

FILE NUMBER: 5 1 4 - 6 4 4

PAGE 1 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: L a n d o r First Name: G l o r i a Position: C l e r i c a l Name of Affiliated Organization:	3 9 0 2 5	0	0		3 9 0 2 5
Last Name: L e w i s First Name: H a r v e y Position: B u s i n e s s A g e n t Name of Affiliated Organization:	4 7 5 0 0	0	9 7 5 8	0	5 7 2 5 8
Last Name: M a l o n e y First Name: T e r r a n c e Position: B u s i n e s s A g e n t Name of Affiliated Organization:	7 1 2 5 0	0	7 6 4 8	0	7 8 8 9 8
Last Name: M c C o r m i c k First Name: B r i a n Position: C l e r i c a l Name of Affiliated Organization:	3 1 4 8 3	0	7 1 2	0	3 2 1 9 5
Last Name: M c D o n a l d First Name: J u d i t h Position: C l e r i c a l Name of Affiliated Organization:	5 5 6 6 0	0	3 5 0	0	5 6 0 1 0
Totals	2 4 4 9 1 8		1 8 4 6 8		2 6 3 3 8 6

ORGANIZATION NAME  
Hotel Employees and Restaurant Employees, AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2000

FILE NUMBER: 5 1 4 - 6 4 4

PAGE 2 OF 3 ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: M c P a r t l i n First Name: G e r r y Position: B u s i n e s s A g e n t Name of Affiliated Organization:	3 3 8 2 5	0	3 5 0 1	0	3 7 3 2 6
Last Name: N o w a k o w s k i First Name: J u a n i a Position: B u s i n e s s A g e n t Name of Affiliated Organization:	2 6 8 6 3	0	4 7	0	2 6 9 1 0
Last Name: O ' G a r r a First Name: J o h n Position: B u s i n e s s A g e n t Name of Affiliated Organization:	4 7 5 0 0	0	1 2 7 2 8	0	6 0 2 2 8
Last Name: S a l i n a s First Name: T r e a s u r Position: C l e r i c a l Name of Affiliated Organization:	3 5 2 5 4	0	0	0	3 5 2 5 4
Last Name: S c h n e i d e r First Name: S c o t t Position: B u s i n e s s A g e n t Name of Affiliated Organization:	7 1 2 5 0	0	1 7 4 4 1	0	8 8 6 9 1
<b>Totals</b>	2 1 4 6 9 2		3 3 7 1 7		2 4 8 4 0 9

ORGANIZATION NAME:  
Hotel Employees and Restaurant Employees, AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2000

FILE NUMBER: 5 1 4 - 6 4 4

PAGE 3 OF 3 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: S h a n n o n First Name: T e r e s a Position: B u s i n e s s   A g e n t Name of Affiliated Organization:	1 6 3 8 0	0	1 7 1 2	0	1 8 0 9 2
Last Name: S n y d e r First Name: M i c h a e l Position: B u s i n e s s   A g e n t Name of Affiliated Organization:	4 8 4 5 0	0	9 7 0 3	0	5 8 1 5 3
Last Name: S p o r e r First Name: R i c h a r d Position: O f f i c e   M a n a g e r Name of Affiliated Organization:	4 7 0 7 5	0	1 0 3 4	0	4 8 1 0 9
Last Name: S t i l l o First Name: R a z q u e l Position: C l e r i c a l Name of Affiliated Organization:	2 7 4 2 0	0	0	0	2 7 4 2 0
Last Name: W i l k i n s First Name: C h e s t e r Position: B u s i n e s s   A g e n t Name of Affiliated Organization:	5 8 0 7 9	0	9 0 9 0	0	6 7 1 6 9
Totals	1 9 7 4 0 4		2 1 5 3 9		2 1 8 9 4 3

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<b>Totals</b>					